



Paper of

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The Irish Longitudinal Study on Ageing (TILDA)

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Slide 1

Towards making Ireland the best place in the world to grow old

The Contribution of Older Adults to their Families and Communities

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Staidéar Fadaimeartha na hÉireann um Dáil in Aois
The Irish Longitudinal Study on Ageing

2017

Slide 2

Towards making Ireland the best place in the world to grow old

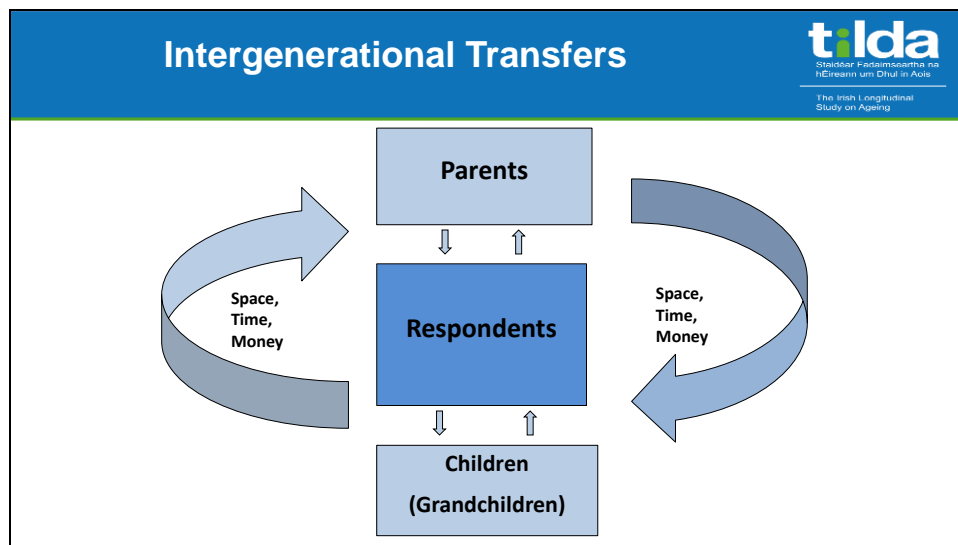
8,504
Participants

50+

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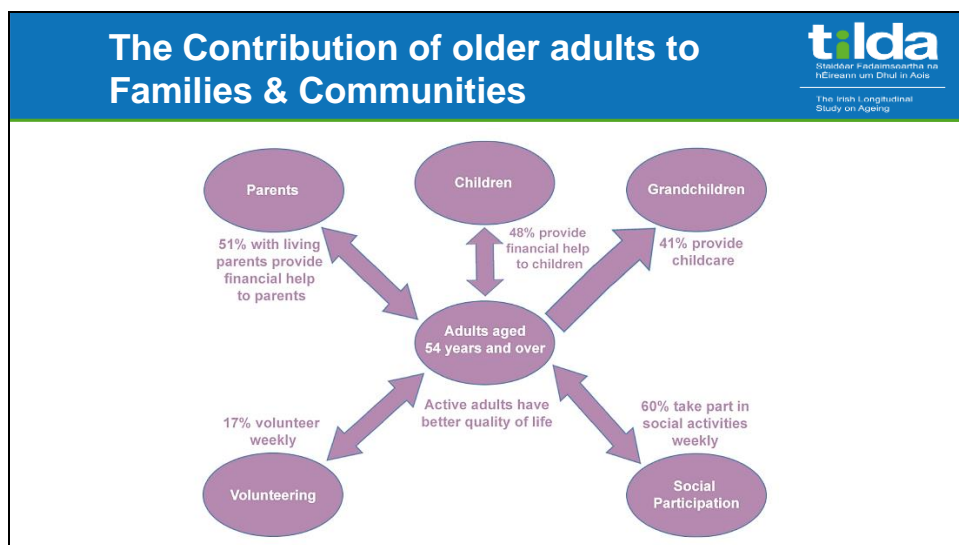
TILDA is a nationally representative cohort of community dwelling adults aged 50 and over. TILDA collects information on all aspects of health economic and social circumstances from people aged over 50, collating a range of physical, mental health and cognitive measures within the health, social and economic domains. We carry out in depth interviews in the home, every two years, there is a self-completion questionnaire for more sensitive questions, which is returned by post and there is also a comprehensive health assessment carried out every four years.

Slide 3



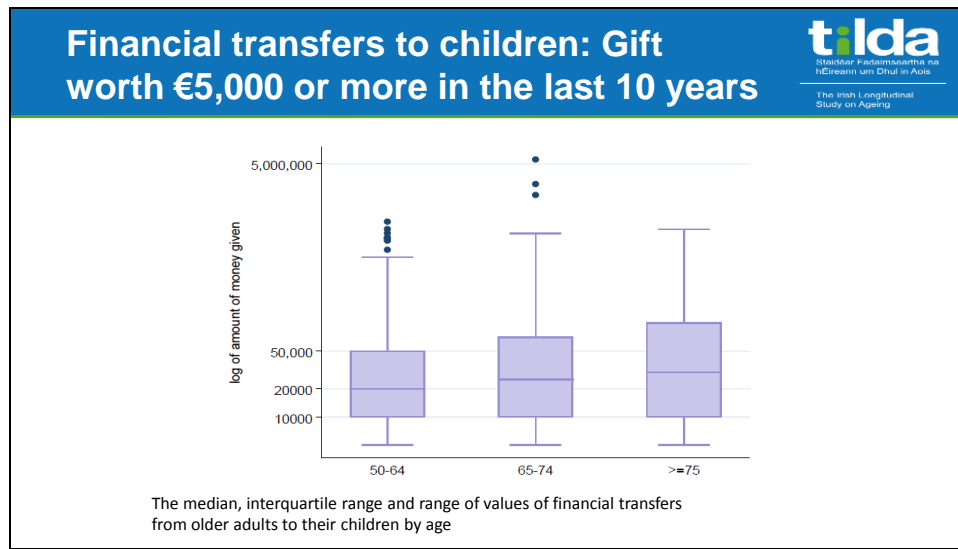
Families remain the central organising unit in society for the material, emotional, and social wellbeing of individuals. One mechanism through which this is achieved is by intergenerational transfers. Inter-generational transfers refer to the redistribution of resources between extended family members and as the name suggests, can involve multiple generations. Those providing help to both older and younger family members are called the 'sandwich generation' and are described in detail elsewhere (McGarrigle 2013). TILDA collates comprehensive information on the nature of transfers between extended family members and is an invaluable resource for those who wish to better understand the nature of intergenerational transfers in Ireland. Inter-generational transfers consist of both financial and non-financial transfers. The former refers to direct financial help to and from extended family members while non-financial transfers consist of assistance with things such as personal care, childcare, everyday tasks such as shopping and transport, and the physical maintenance of a home.

Slide 4



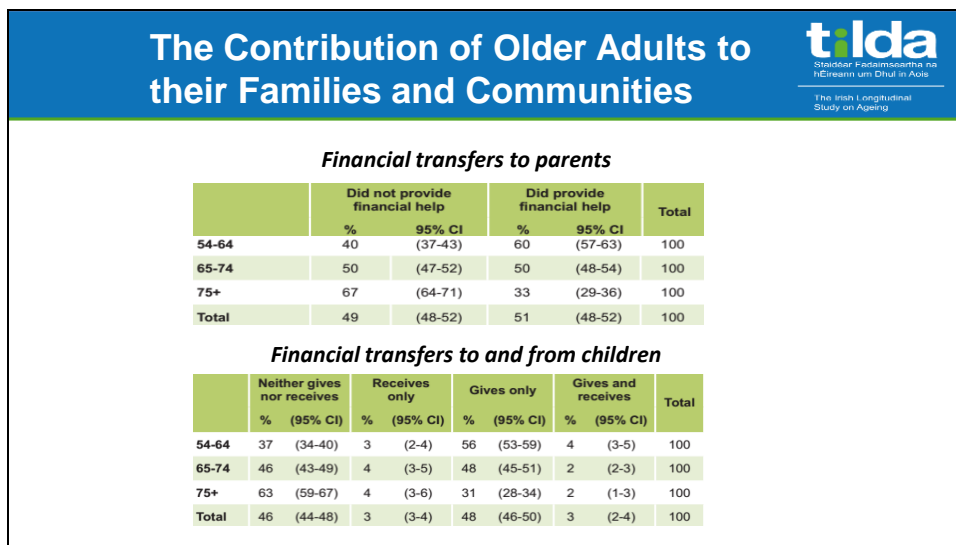
The Figure provides an overview of the direction of transfers between older adults within both their family contexts and the communities in which they live. A number of the key findings are shown which will be discussed. An important feature of this diagram is that it highlights the reciprocal nature of many of these relationships. For example, many adults both provide support to and receive support from their parents and their own children. Also, many older adults participate in voluntary and social activities which benefit themselves and others.

Slide 5



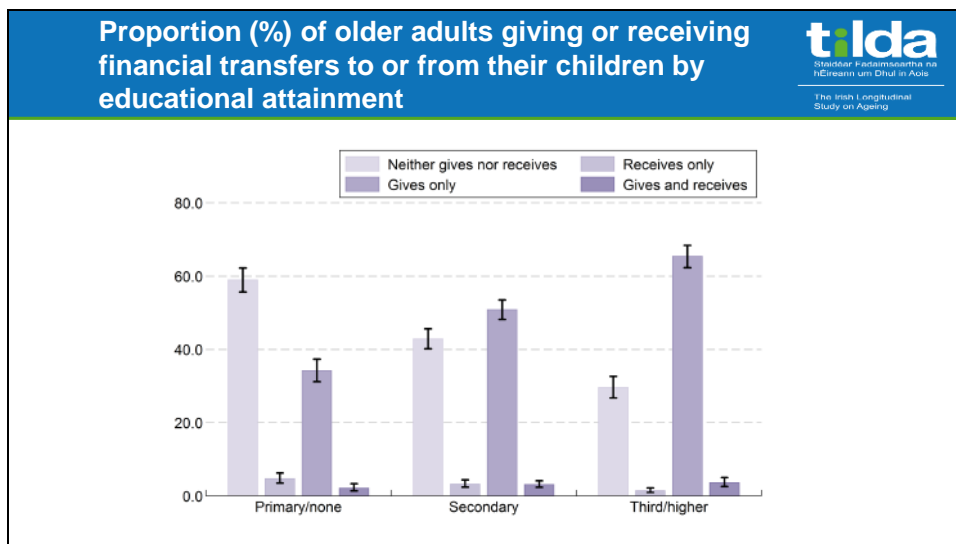
We asked the TILDA cohort at the first interview in Wave one, did they give a sum of money to their children worth €5,000 or more in the last 10 years. Nearly one-quarter (24%) of older households report giving a financial or material gift worth €5,000 or more to one or more of their children within the last ten years, with this number lowest (16%) in the over 75 age group. The distribution of financial transfers is highly skewed by a small number of respondents who transferred very large material gifts to their children. Of those households that gave gifts worth more than €5,000 to children, the mean value of the gift was €60,500 while the median value was €20,000. Figure shows that the median value of financial transfers given to children increases as the age of the gift-giving parent(s) increases. The median financial transfer to children is €20,000 for those aged 50-64, €24,000 for those aged 65-74 and €30,000 for those aged 75 and over. Therefore, while fewer older adults give financial gifts, the amounts of money that they give are on average larger. Only 9% of the older population received financial transfers from their children. This increased from 7% among people aged 50-64 to 12% among those aged 75 and older. The mean value of these transfers is €2,350 with a median value of €1,000. Family financial transfers in Ireland, therefore, flow mainly from parents to children, a finding in common with research conducted in other several other developed world contexts.

Slide 6



Again, at Wave 3, four years later, we asked if they had given or received money to their parents and to or from their children, valuing €250 or more in the last 2 years. These tables make clear the fact that older adults are net contributors to their families in terms of financial transfers with 51% providing financial assistance to their own parents. With regard to financial transfers to their children, 48% give financial help while not receiving any themselves and only 3% are net recipients. In each instance, the proportion doing so decreases with age.

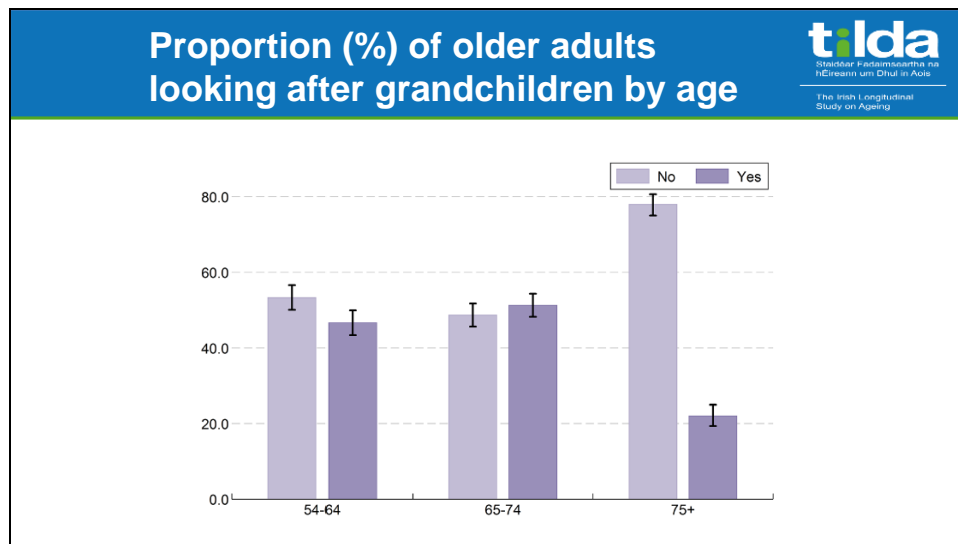
Slide 7



Older adults in Ireland also provide help to their own children, often long after they have left the family home. Here, we describe the financial transfers between parents and their children and vice versa. Although, 46% of older adults in Ireland neither give nor receive financial help, a higher proportion provide financial assistance to their children (48%) than receive it (3%). This represents a decrease from Wave 1 when 54% of participants reported

giving financial assistance while not receiving any. There was no significant change in the last four years in the proportion reporting that they received financial help. The likelihood of providing financial assistance to a child is highest among the most highly educated and decreases with age.

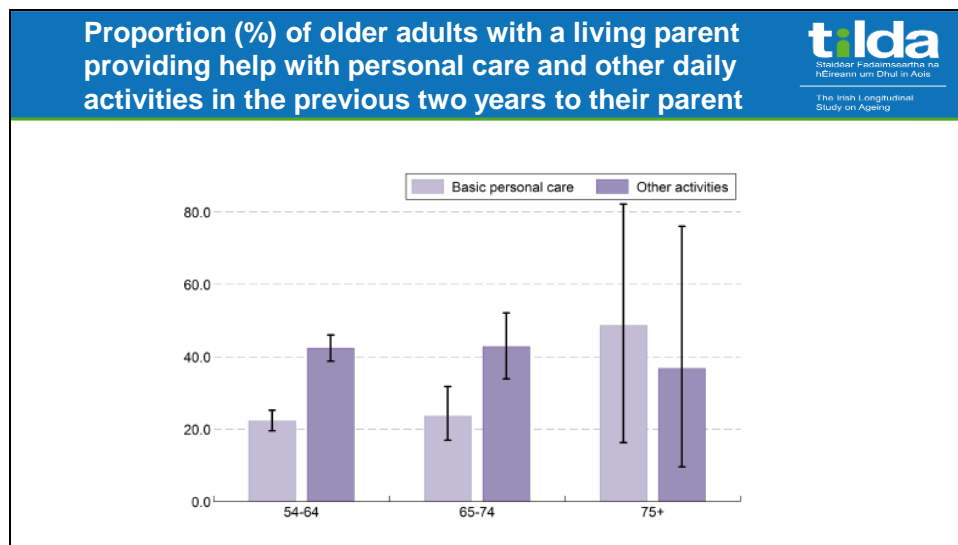
Slide 8



In part due to the high costs associated with formal childcare in Ireland, families with pre-school aged children in particular are heavily reliant on grandparents who provide both regular and irregular childcare. Among adults in Ireland aged 54 years and over who have grandchildren, 41% provided childcare for at least one hour per week in the last two years. In Wave 1, 49% of participants had reported doing so. This Figure shows that, while between 47% and 51% of adults aged between 54 and 74 years and over look after grandchildren, only 22% of those aged 75 years and over provide regular childcare which most likely reflects the fact that many of their grandchildren may be attending school and therefore do not require childcare. On average, childcare is provided for 36 hours per month and although a similar proportion of men and women provided care, women do so for significantly longer (37 versus 33 hours)

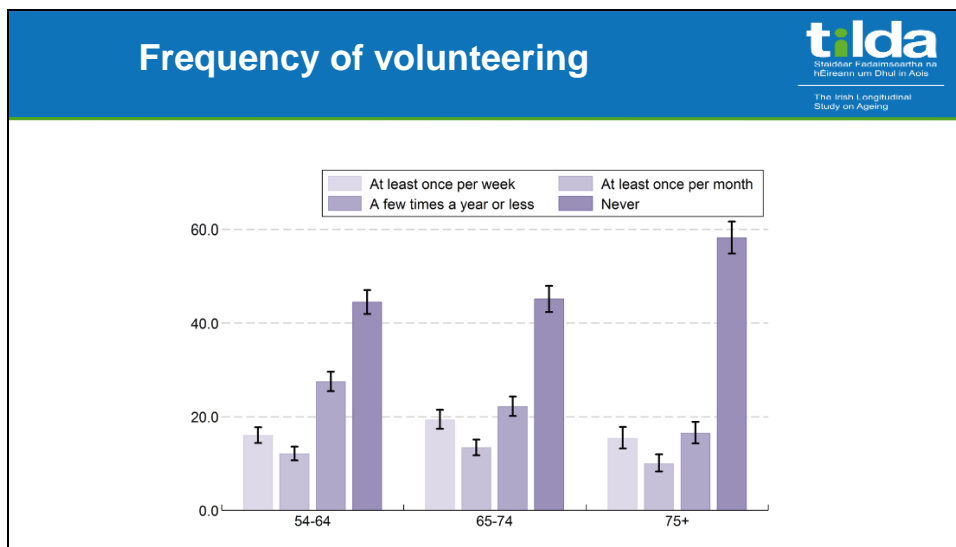
As well as these upward inter-generational transfers, older adults also contribute substantially to the wellbeing of younger generations, both their children and grandchildren. Older adults are net givers in terms of financial transfers, with 48% providing monetary assistance to their children while not receiving any themselves. However, the ways by which older adults support their children is not limited to direct financial transfers alone. The high cost of formal childcare in Ireland often precludes mothers from returning to the workforce, therefore, grandparents who provide informal childcare enable many women to remain in the labour market when they have pre-school aged children. The social and economic value of this contribution spreads beyond the immediate family as it benefits the wider economy and society.

Slide 9



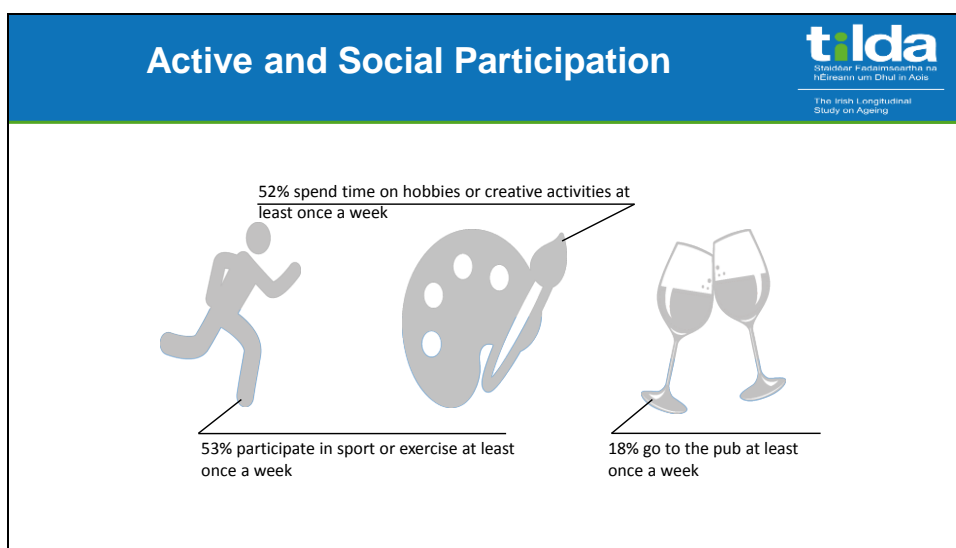
Non-financial assistance can be divided into basic personal care (e.g. dressing, eating and bathing) and other daily activities (e.g. household chores, errands, shopping, and transportation). Overall, one quarter (23%) of adults in Ireland with living parents assisted them with basic personal care in the previous two years, down from 29% in Wave 1 of TILDA. Forty three per cent of older adults helped their living parent(s) with other activities, again a decrease from the 52% who reported doing so in Wave 1. On average, help with basic personal care and other activities was provided for 23 and 13 hours per week respectively. As noted earlier, no participants aged 75 years or older had living parents but a small number had parents who had died within the two years prior to interview. Despite the small numbers a trend for increased assistance with basic personal care and a parallel reduction in help with other activities was observed in this age group. A possible concern for the future is the finding that 26% of older adults have at least one child living abroad. Given the amount of informal care provided by children, the pattern of emigration as a result of the recent economic crash may manifest itself in a reduced pool of familial assistance for the older population in future decades. Combined with the ageing profile of our projected population, this may place greater stress on the formal provision of care to older people.

Slide 10



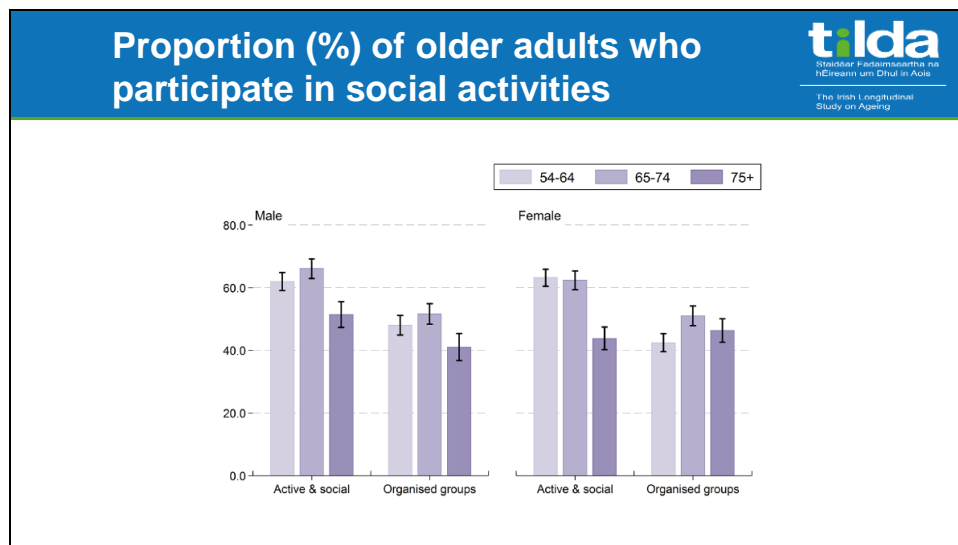
The National Positive Ageing Strategy (NPAS) identifies participation as a key tenet of successful ageing. Indeed, research has shown that active social participation results in improved health and reduced mortality. Participation encompasses many life domains including employment, education, active citizenship, transport, and social and cultural participation. This section focuses on social participation and volunteering and its association with wellbeing. Many adults volunteer their time and expertise to organisations and thereby contribute to their communities and to wider society but they also benefit through improved physical, psychological and social wellbeing. Over half of older adults in Ireland (53%) volunteered at least once in the previous year, 17% volunteered at least once per week, 12% did so monthly, and a further 24% did so at least a few times per year. The overall rate of volunteering is similar between the ages of 54 and 74 years, however, fewer adults aged 75 years and over volunteer: 44.5% of 54 to 64 year olds did not volunteer compared to 58% of those aged 75 years and over. A similar pattern was observed among both men and women.

Slide 11



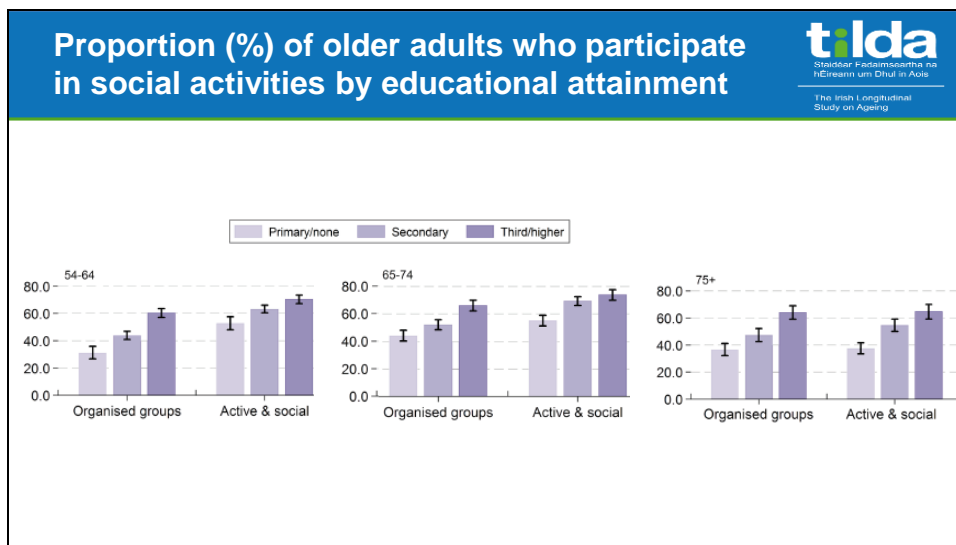
Social participation is highlighted in the National Positive Ageing Strategy (NPAS) as a crucial feature of successful ageing and it is important that we consider the contribution of older adults beyond their family context. Many adults volunteer their time and expertise to organisations that operate within the community to the benefit of a great number of people. However, volunteers also benefit in a number of ways including improved physical, psychological, and social wellbeing. Besides organised activities such as volunteering, many older adults also participate in a wide range of other social activities, including attending educational classes, participating in sports and exercise, and socialising in pubs and restaurants. While many of these social activities are beneficial to the participants' health and wellbeing, they also help form strong social networks and bonds. TILDA collects information on fourteen social activities which are then grouped into four categories: intimate social relationships; formal organisational involvement outside of employment; active and social leisure activities; and passive and solitary leisure activities. This section focuses on those activities that involve participation in active and social leisure activities. Active and social leisure activities include going to films, plays or concerts; attending classes or lectures; playing cards, bingo, games in general; going to the pub; eating out of the house; taking part in sport activities or exercise. In addition, participants' were asked if they participated in any groups such as a sports or social group or club, a church-connected group, a self-help or charitable body or other community group or a day care centre. Overall, 60% of adults aged 54 years and over take part in active and social leisure activities at least once per week while 47% participated in at least one of these organised groups at least once per week.

Slide 12



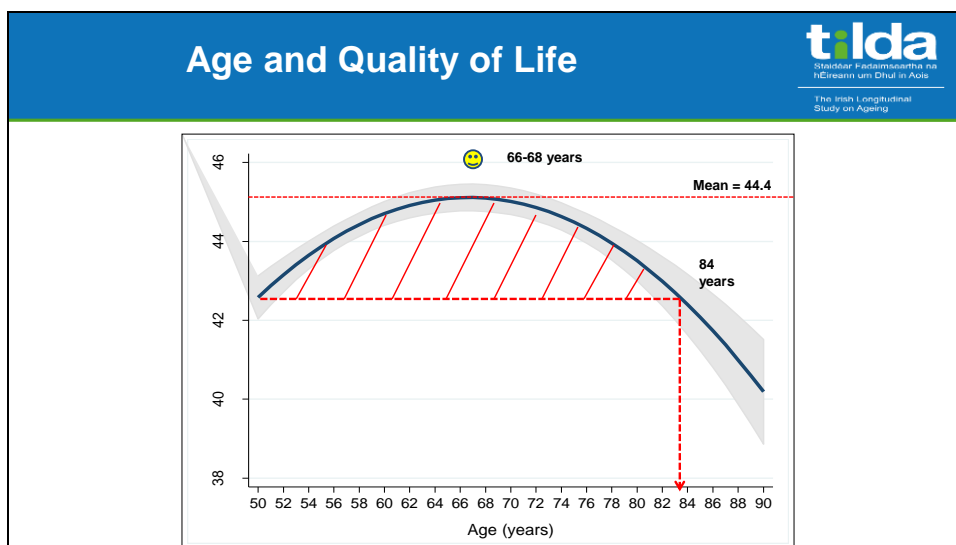
This Figure illustrates that the proportion of men and women participating in active and social activities, and in organised groups or clubs, decreases with age. While participation is broadly similar for men and women, a higher percentage of men (52%) aged 75 years and over than women (44%) take part in active and social activities on a weekly basis. There was a decrease in both participation domains between Waves 1 and 3, from 65% to 60% participating in active and social activities, and from 49% to 47% participating in organised groups on at least a weekly basis. Important differences according to educational attainment are also observed.

Slide 13



This figure shows a clear educational gradient within each age group for active and social participation and involvement with organised groups. For example, 38% of those aged 75 years and over with primary level education participated in active and social activities at least once per week, compared to 65% of those who attained a third level education.

Slide 14



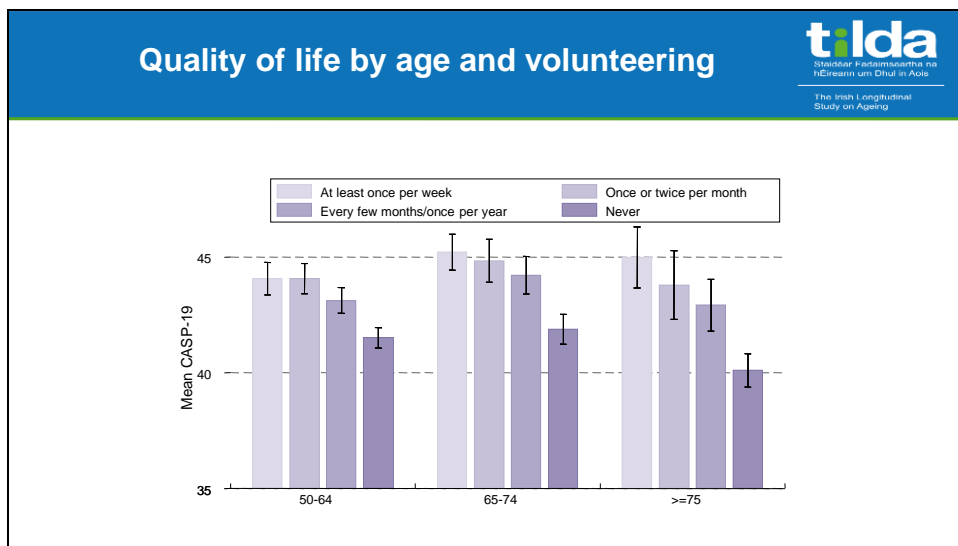
In recent decades, there has been an increased interest in quality of life, particularly among older adults, motivated by greatly increased life expectancy. While successful ageing is most often framed in terms of the absence of ill health, quality of life tends to consist of a more holistic assessment of wellbeing in older people. TILDA uses the 19-item self-report measurement, CASP-19, to assess quality of life. The items included in CASP-19 consists of statements such as: I can do the things that I want to do, I look forward to each day, and I feel that life is full of opportunities. These statements are presented to participants in a self-completion questionnaire and they are asked to indicate how often (often, sometimes, not

often, or never) they feel each statement applies to their life. Each item is scored from 0 to 3 and summed to give an overall score (range 0 to 57) with higher scores denoting better quality of life. The average quality of life score (assessed using CASP-19) among TILDA participants at the first Wave of the study in 2009/10 shown here is 44.4. This average is at the higher end of the scoring range, which suggests that on average older adults in Ireland experience good quality of life.

How does quality of life vary with age in later life?

The first thing we can see is that Quality of life rises from 50 years of age, peaking around 66-68 years of age, and declining thereafter. Another encouraging message to emerge is that quality of life only declines below the level it was at 50 years of age, after the age of 83 years. This gives us a nice 34-year period where self-rated quality of life is higher than it was at the age of 50!

Slide 15



Quality of life does differ within different groups, and one of the things we noted at the first wave was that Quality of life differed by volunteering status, those who volunteered once a week had the highest quality of life, and those who never volunteered had the lowest, and there was a clear gradient by amount of volunteering, across each age group.



We found that by Wave 3 of the study, four years later, (using CASP-12, a reduced 12 item assessment, that scores from 0-36) quality of life scores differ between older adults according to the direction of the financial transfer with their children. Those who only give have the highest quality of life (27.4) compared to those who neither give nor receive (25.8), those who receive only (24.8), and those who both give and receive (25.8). In each age group, older adults in Ireland who only give report higher quality of life than those who neither give nor receive transfers. Quality of life was also higher for volunteers, those who took part in social activities, and organised groups or clubs, and, within moderation, those who looked after grandchildren. Older adults who take part in either active and social activities, or in organised groups or clubs on a weekly basis report fewer depressive symptoms. A similar pattern was found for each of the age groups.

This summary has drawn attention to a variety of ways that adults aged 54 years and over contribute to both their extended families and the wider community. It also shows that these relationships are often reciprocal, with TILDA participants benefitting in terms of improved quality of life and psychological wellbeing. It is also clear that these adults, far from being reliant on familial and social support, are in many instances net contributors to their extended family and communities. However, results from TILDA also highlight large differences between older adults, with age and education in particular strongly associated with variation in their social participation in the community. This suggests that there remains scope for more older adults to benefit from living an active life well into old age.